SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

9590 9402 7530 2098 7835 23

2. Article Number *(Transfer from service label)*

7022 3330 0000 2181 5539

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

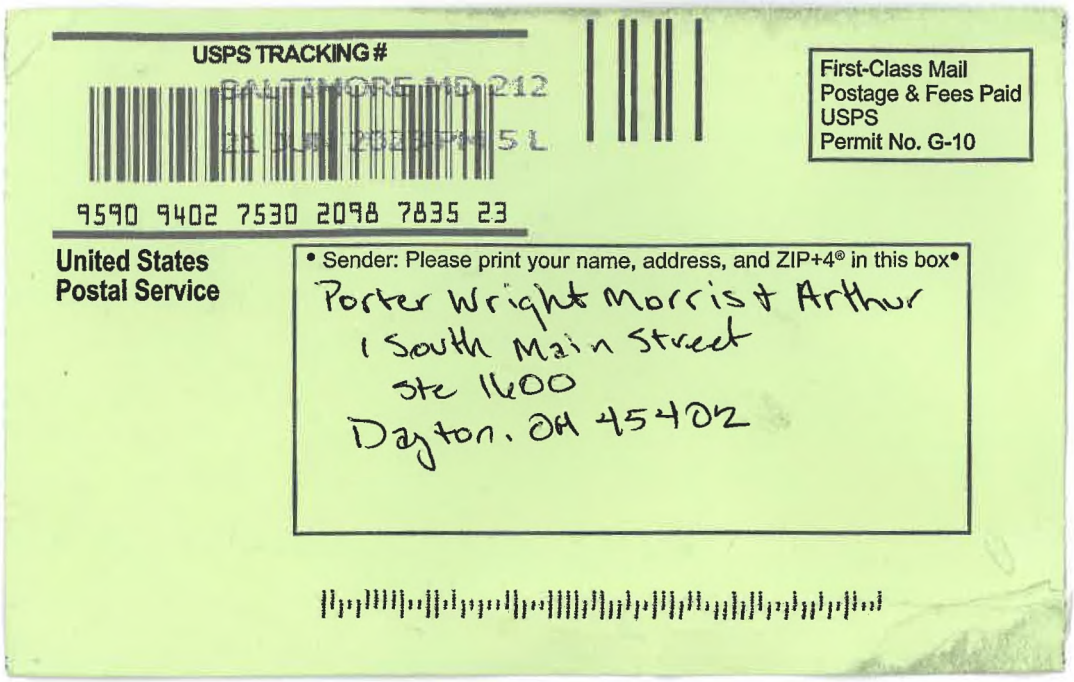
06-21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt


USPS TRACKING #
9590 9402 7530 2098 7835 23
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
United States
Postal Service
• Sender: Please print your name, address, and ZIP+4® in this box•
Porter Wright Morris & Arthur
1 South Main Street
Ste 1600
Dayton, OH 45402